www.dmvNow.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

Application for Extranet Transaction Access

Purpose: This application must be used when applying for or renewing an existing Memorandum of Understanding and Agreement (MOA) with the Department of Motor Vehicles (DMV). An MOA is needed when obtaining driver, vehicle and/or personal information from DMV's record database or providing information to DMV's record database via the Internet (extranet).

Instructions:

1. Complete in ink or type. If you downloaded this application from DMV's website you may complete it online. However, you must print the form and sign it.

2. Complete all applicable parts of the application. Be as specific as possible. If additional room is needed, attach additional pages. Write N/A beside any part(s) or question(s) that do not apply.

3. Have an authorized agent or representative of the applicant user sign and date the application.

4. Mail the completed application and the $25 application fee to the address below. (If completing an Information Use Application with this application, only one $25 application fee is required.)

(Government agencies are not required to pay a $25 application fee.)

> User Services
> Virginia Department of Motor Vehicles
> Post Office Box 27412
> Richmond, Virginia 23269-0001

Unsigned or incomplete applications cannot be processed and will be returned to the applicant.

Applications with false, misleading, or otherwise deceptive information will not be processed and may be grounds for criminal prosecution under state and federal law.

Special Application Notes and Provisions

- This application is subject to change based on changes in state or federal laws, rules, and regulations governing access and use of the requested information.

- By submitting this application, the applicant user agrees to abide by all rules, laws, and regulations governing access to DMV records and the information they contain, including Sections 18.2-152.1 through 18.2-152.14 of the Code of Virginia and the Federal Fair Credit Reporting Act, Public Law 91-508.

- Violation of the state laws concerning use of DMV information and files is punishable under state law as a misdemeanor. Violations of Federal Public Law 91-508 and the provisions therein are punishable by a fine up to $5,000 fine or one year imprisonment or both.

- When approved, users are subject to reasonable inspection and/or audit by DMV to ensure compliance with the terms and provisions stated in the Memorandum of Understanding and Agreement.

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The information below is required by the State Comptroller for debt set-off collection purposes in accordance with the Code of Virginia Sections 2.1-196.1, 2.1-731, and 2.1-734 et al.

Print or type

Part 1: User Information (All applicants must complete this Part.)

Current Date	Business Name

This application is for: (Check the appropriate box.)   Type of Business

☐ New Applicant   ☐ Renewal

Federal Identification Number or Social Security Number	Dealer Certificate Number(s) (Required for Processing)

Address (Street and Post Office Box)

City, State, Zip Code	E-mail Address

Telephone Number	Fax Number
( )	( )

Part 2: Type of Transactions to Process (All applicants must complete this Part.)

Check the appropriate block to indicate the type of DMV transactions you wish to conduct:

☐ Process Financial Responsibility Insurance Certification Filings (complete Part 3 below)

☐ Process Driver Improvement Clinic Roster Submissions

☐ Request Mechanic and Storage Lien Transcripts

☐ Request Customer Information Transcripts (Voter Registrar's Only)

☐ Request Driver Transcripts

☐ Request Vehicle Transcripts

☐ Renew Dealer Certificate, Salesperson License, Dealer License Plates and Temporary Tag Inventory Maintenance

☐ Review lessee information and update the lessee database with lessee information on a new lease, termination of lease, or a change of address to include a change of garage jurisdiction

☐ Submit insurance acknowledgment (complete Part 3)

☐ Submit insurance filings for Motor Carriers (complete Part 3 below)

☐ Process Conviction Reports (courts only)

☐ Process local vehicle registration (LVR)

Are you under contract with another jurisdiction to administer local vehicle registrations? (check one) ☐ Yes ☐ No
If yes, list all applicable jurisdictions.

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Part 3: Insurance Company Information (Insurance companies only)

Insurance companies must complete this part when requesting to process Financial Responsibility Insurance Certification Filings, Insurance Filings for Motor Carriers, and Insurance Acknowledgements.

Provide the name(s) of all insurance company(ies), their insurance code(s) or the NAIC that you will be filing for. (Insurance codes are for SR22/26 filers only.)

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Part 4: User Information (All applicants must complete this Part.)

Provide a list of names of all employees who will be authorized to use the requested access to update DMV records. Access for submitting Driver Improvement Clinic rosters is limited to 2 users.

User Name (first, middle initial, last)	Mother's Maiden Name

Part 5: Security Information (All applicants must complete this Part.)

All organizations with extranet transaction access must designate a security officer who is responsible for administering user logon IDs. Provide the following information for your designated security officer.

Name

Telephone Number	Fax Number
( )	( )
Security Officer's Signature	E-mail Address

Part 6: Certification (All applicants must complete this Part.)

I, the undersigned, hereby certify that: (1) all information contained herein is true; (2) I am a duly authorized agent of the above applicant user; and (3) I am authorized to make application to DMV for extranet transaction access for the purpose stated in this application.

User/Business Name (print or type)	Current Date
Authorized Representative's Name (print or type)	Authorized Address Address (If different from Part 1)
Title (print or type)	
Signature	
Telephone Number ( )	
Fax Number ( )	E-mail Address

DMV Use Only	
Application: Approved Denied	**Signature/Title/Date**
If approved, list date Use Agreement mailed:	
If denied, give reason(s)	